

FEDERAL GRANT REQUEST

Attachment 2

Date: _____

I. Department _____ II. Program _____
III. Grant Title _____ IV. Application Amount _____

V. Brief Description _____

VI. Budget Impact	Yes	No
1. Is this a new activity not included in the budget?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this a greater level of funding for an existing budgeted program?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this activity ever been denied by the Administration or the Legislature?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will additional staff have to be added?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will this request result in the expenditure of State funds now or in the future?	<input type="checkbox"/>	<input type="checkbox"/>

VII. If the answer to any of the above is yes, explain and describe what overriding policy considerations justify making an exception to current policy.

VIII. Approvals

Department Director Approval

Department of Finance Approval

Agency Secretary Approval

Governor's Office Approval